

FIG. 1

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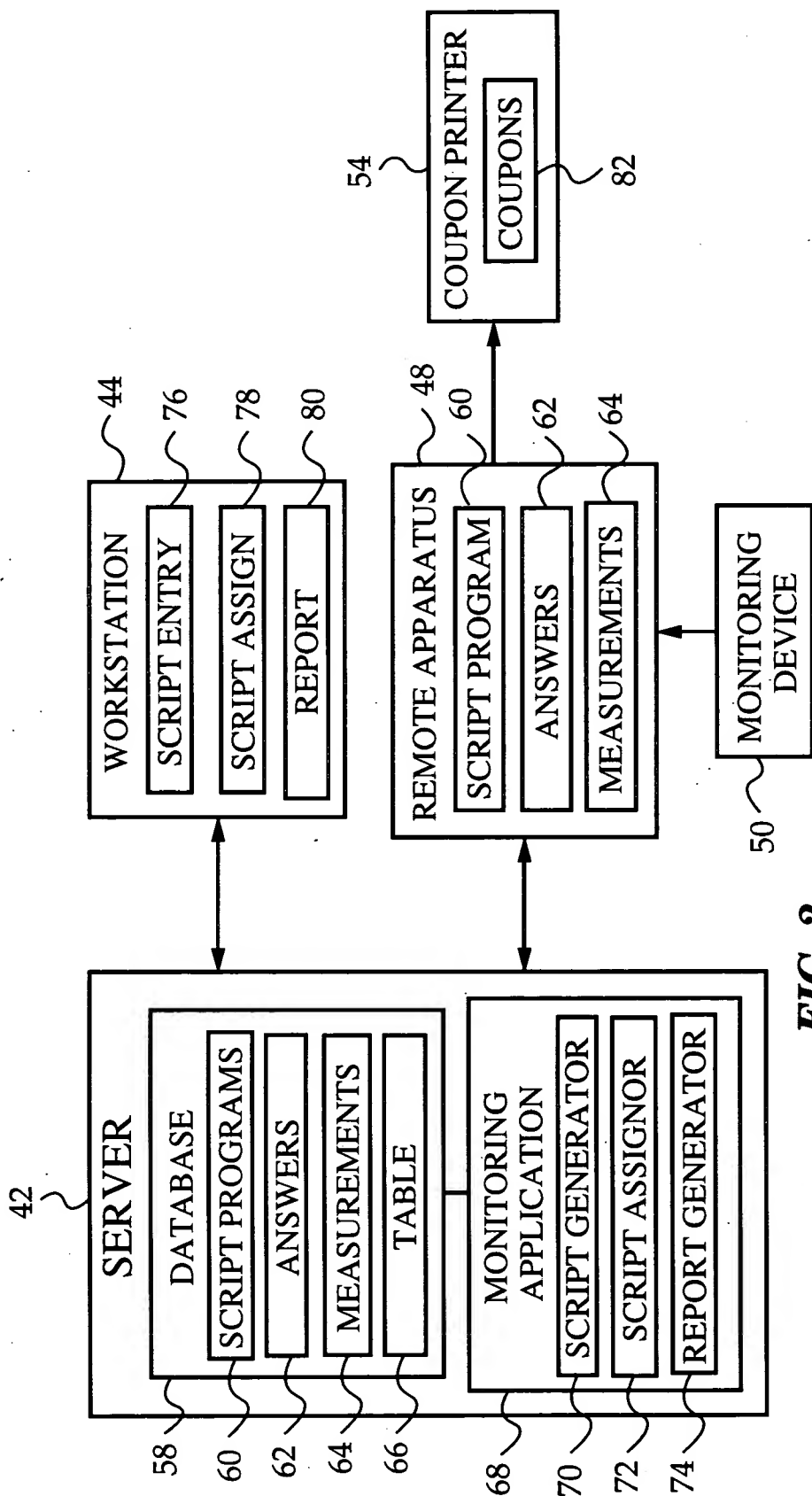


FIG. 2

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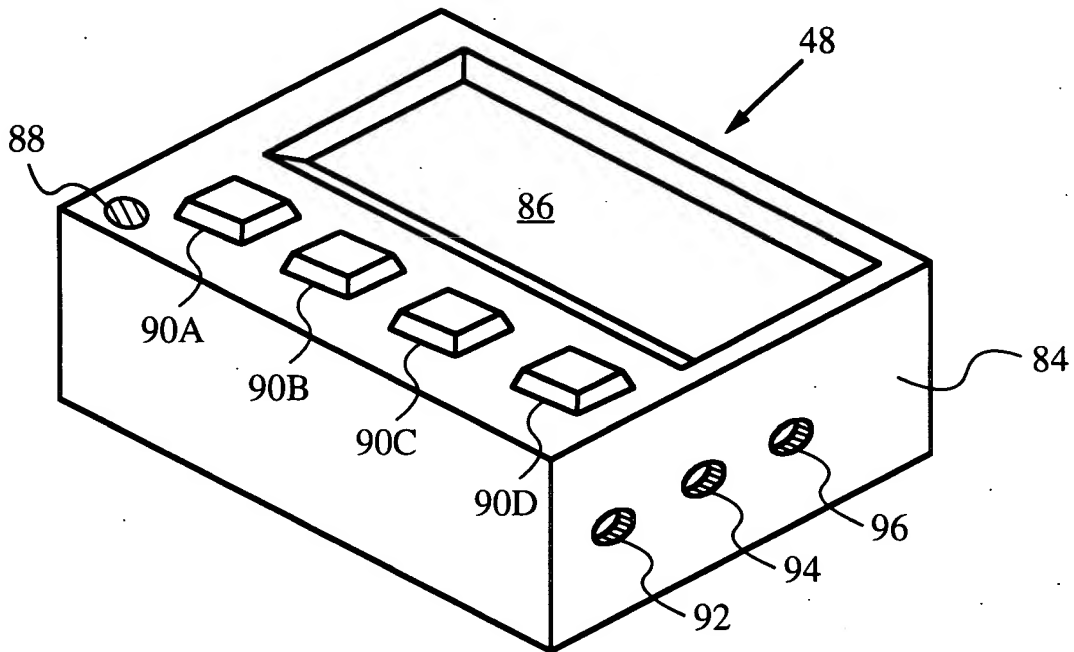


FIG. 3

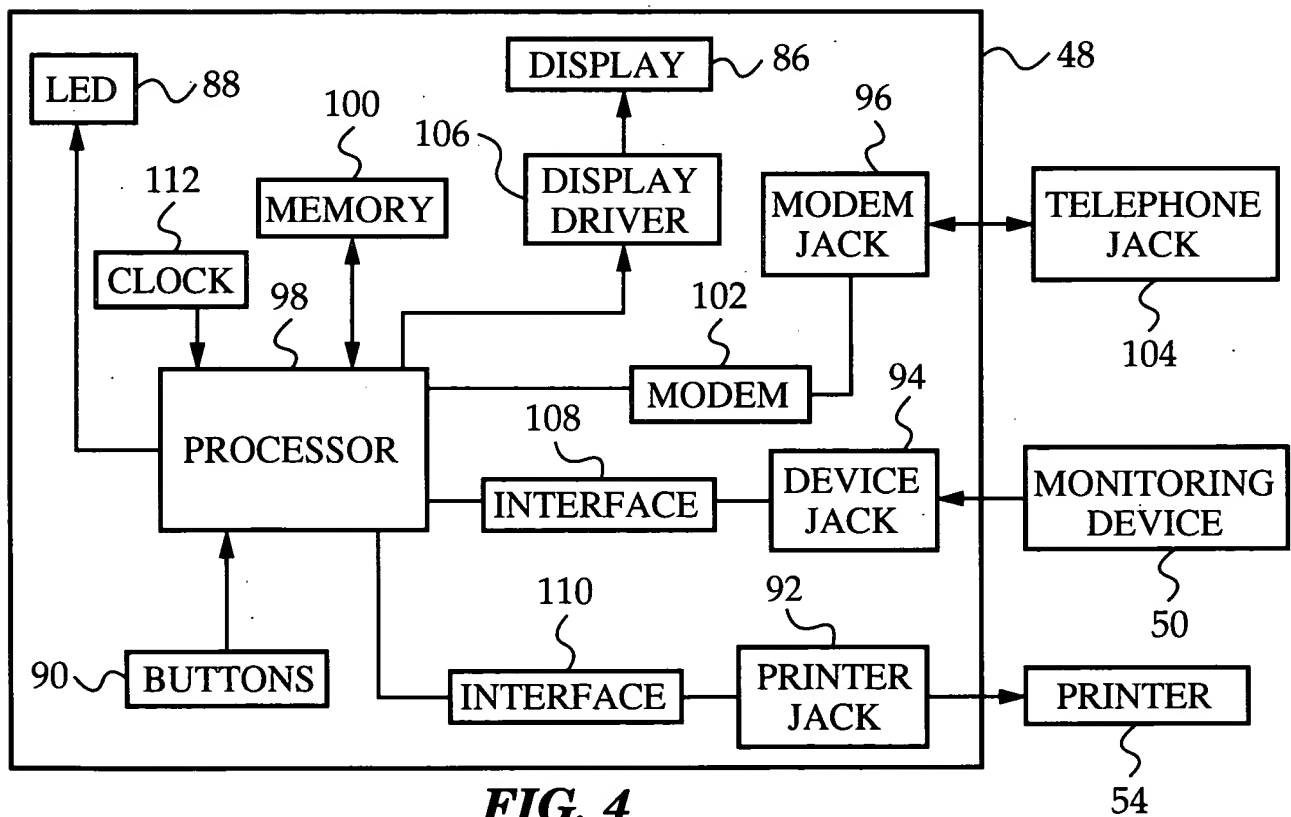


FIG. 4

SCRIPT ENTRY SCREEN

SCRIPT NAME:

DIABETES SCRIPT 1

COMPLIANCE QUESTIONS

CHOICE 1 CHOICE 2 CHOICE 3 CHOICE 4

HOW WELL ARE YOU FOLLOWING
YOUR TREATMENT PLAN?

VERY
BADLY

BADLY

WELL

VERY
WELL

HOW MANY HYPOGLYCEMIC EPISODES
HAVE YOU HAD IN THE PAST WEEK?

0

1

2

> 2

HOW MANY HYPERGLYCEMIC EPISODES
HAVE YOU HAD IN THE PAST WEEK?

0

1

2

> 2

DID YOU TEST YOUR BLOOD SUGAR
BEFORE BREAKFAST THIS MORNING?

YES

NO

DID YOU EXERCISE TODAY?

YES

NO

NEXT PAGE

FIG. 5A

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116

118

120

122

705 14

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☒ GLUCOSE MONITOR
 ☐ BP CUFF
 ☐ PEAK FLOW METER
 ☐ WEIGHT SCALE

126

☒ MINIMUM MEASUREMENT VALUE
 ☐ 60 MG/DL

130

☒ SUGAR-FREE FROZEN YOGURT
 ☐ SUGAR-FREE FRUIT BAR
 ☐ SUGAR-FREE POPSICLE

128

☒ MAXIMUM MEASUREMENT VALUE
 ☐ 320 MG/DL

132

☒ NUMBER OF MEASUREMENTS
 ☐ 2

134

☒ MINIMUM QUESTION SCORE
 ☐ COMPLETED

136

CONNECTION TIME: 03:00

1 DAY

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CANCEL

PREVIOUS PAGE

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CREATE SCRIPT

FIG. 5B

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NUMBER: 9001 {LF}

LED: 1 {LF}

ZAP: {LF}

CLS: {LF}

DISPLAY: ANSWER QUERIES NOW?
PRESS ANY BUTTON TO START {LF}

WAIT: {LF}

CLS: {LF}

DISPLAY: HOW WELL ARE YOU FOLLOWING
YOUR TREATMENT PLAN?
VERY VERY
WELL BADLY WELL WELL {LF}

INPUT: OOOO {LF}

CLS: {LF}

DISPLAY: HOW MANY HYPOGLYCEMIC EPISODES
HAVE YOU HAD IN THE PAST WEEK?

0 1 2 >2 {LF}

INPUT: OOOO {LF}

CLS: {LF}

DISPLAY: HOW MANY HYPERGLYCEMIC EPISODES
HAVE YOU HAD IN THE PAST WEEK?

0 1 2 >2 {LF}

INPUT: OOOO {LF}

CLS: {LF}

DISPLAY: DID YOU TEST YOUR BLOOD SUGAR
BEFORE BREAKFAST THIS MORNING?

YES NO {LF}

INPUT: OOXX {LF}

CLS: {LF}

DISPLAY: DID YOU EXERCISE TODAY?

YES NO {LF}

FIG. 6A

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INPUT: OOX {LF}

CLS: {LF}

DISPLAY: CONNECT GLUCOSE METER
AND PRESS ANY BUTTON
WHEN FINISHED {LF}

WAIT: {LF}

CLS: {LF}

DISPLAY: COLLECTING MEASUREMENTS {LF}

COLLECT: GLUCOSE_METER {LF}

CLS: {LF}

COUNT: {LF}

MAX: {LF}

MIN: {LF}

IF MAX_VALUE < 320 AND MIN_VALUE > 60 AND NUMBER > 2
THEN PRINT: YOGURT {LF}

DISPLAY: CONGRATULATIONS,
YOU ARE IN COMPLIANCE!
KEEP UP THE GOOD WORK! {LF}

ELSE DISPLAY: YOU ARE NOT IN COMPLIANCE.
YOU MUST MEASURE YOUR BLOOD
SUGAR 2 TIMES PER DAY AND KEEP IT
BETWEEN 60 AND 320 MG/DL {LF}

CLS: {LF}

DISPLAY: CONNECT APPARATUS TO
TELEPHONE JACK AND
PRESS ANY BUTTON
WHEN FINISHED {LF}

WAIT: {LF}

LED: 0 {LF}

CLS: {LF}

DELAY: 03:00 {LF}

CONNECT: {LF}

{EOF}

FIG. 6B

0897543-11197

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SCRIPT ASSIGNMENT SCREEN

AVAILABLE SCRIPTS:	PATIENTS:
<input checked="" type="checkbox"/> <u>DIABETES SCRIPT 1</u>	<input checked="" type="checkbox"/> <u>DAN LINDSEY</u>
<input type="checkbox"/> <u>DIABETES SCRIPT 2</u>	<input type="checkbox"/> <u>MARK SMITH</u>
<input type="checkbox"/> <u>ASTHMA SCRIPT 1</u>	<input type="checkbox"/> <u>DEAN JONES</u>

FIG. 7

HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN?

VERY BADLY	BADLY	WELL	VERY WELL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90A 90B 90C 90D

FIG. 8

CONNECT GLUCOSE METER AND PRESS ANY BUTTON WHEN FINISHED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

90A 90B 90C 90D

FIG. 9

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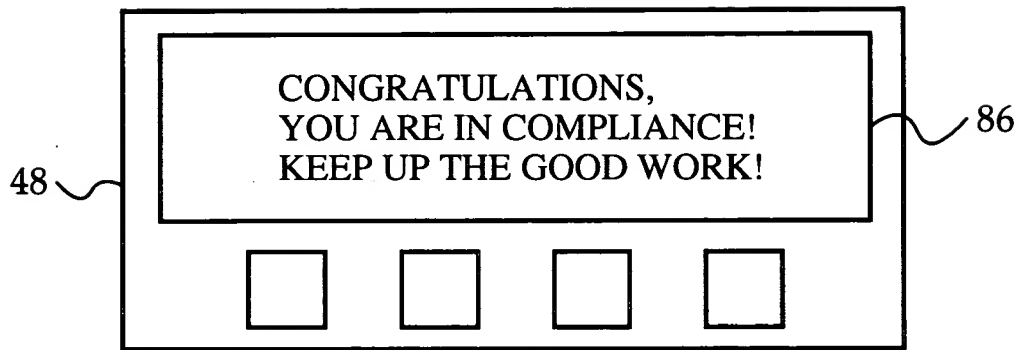


FIG. 10

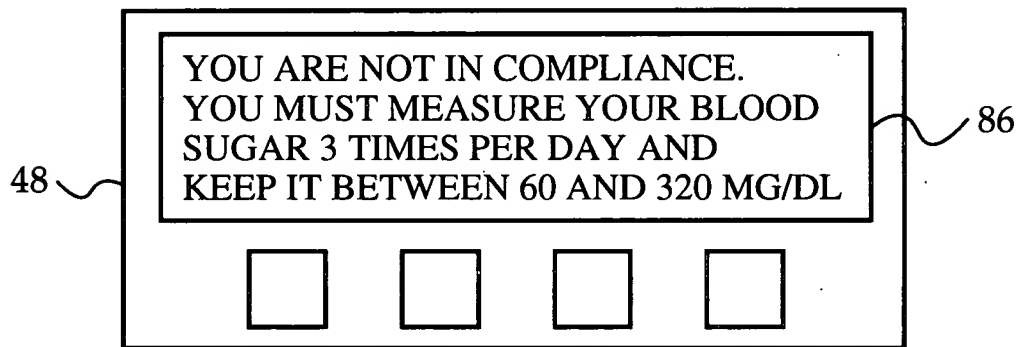


FIG. 11

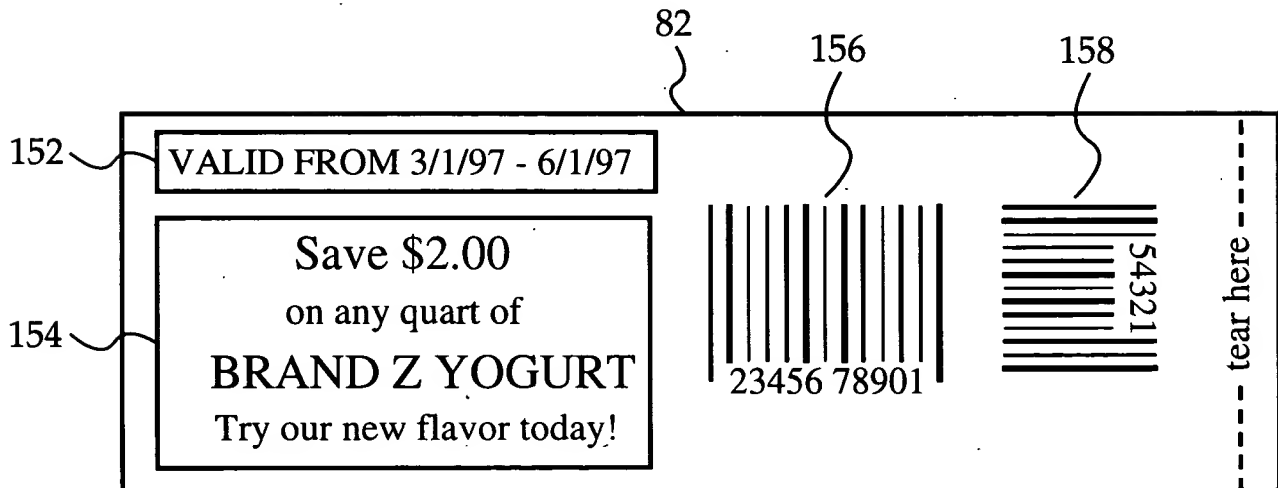


FIG. 12

00975243 . 1.1.2.1.97

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PATIENT REPORT

PATIENT:

LINDSEY, DAN



DATE OF SURVEY:

MARCH 15, 1997



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ANSWERS

HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN?

BADLY

HOW MANY HYPOGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK?

0

HOW MANY HYPERGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK?

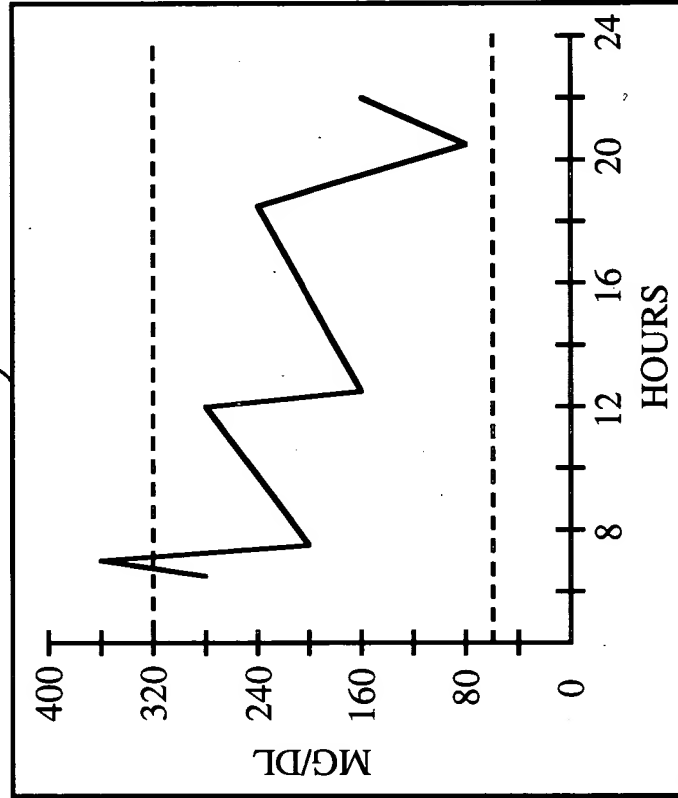
1

DID YOU TEST YOUR BLOOD SUGAR BEFORE BREAKFAST THIS MORNING?

YES

DID YOU EXERCISE TODAY?

NO



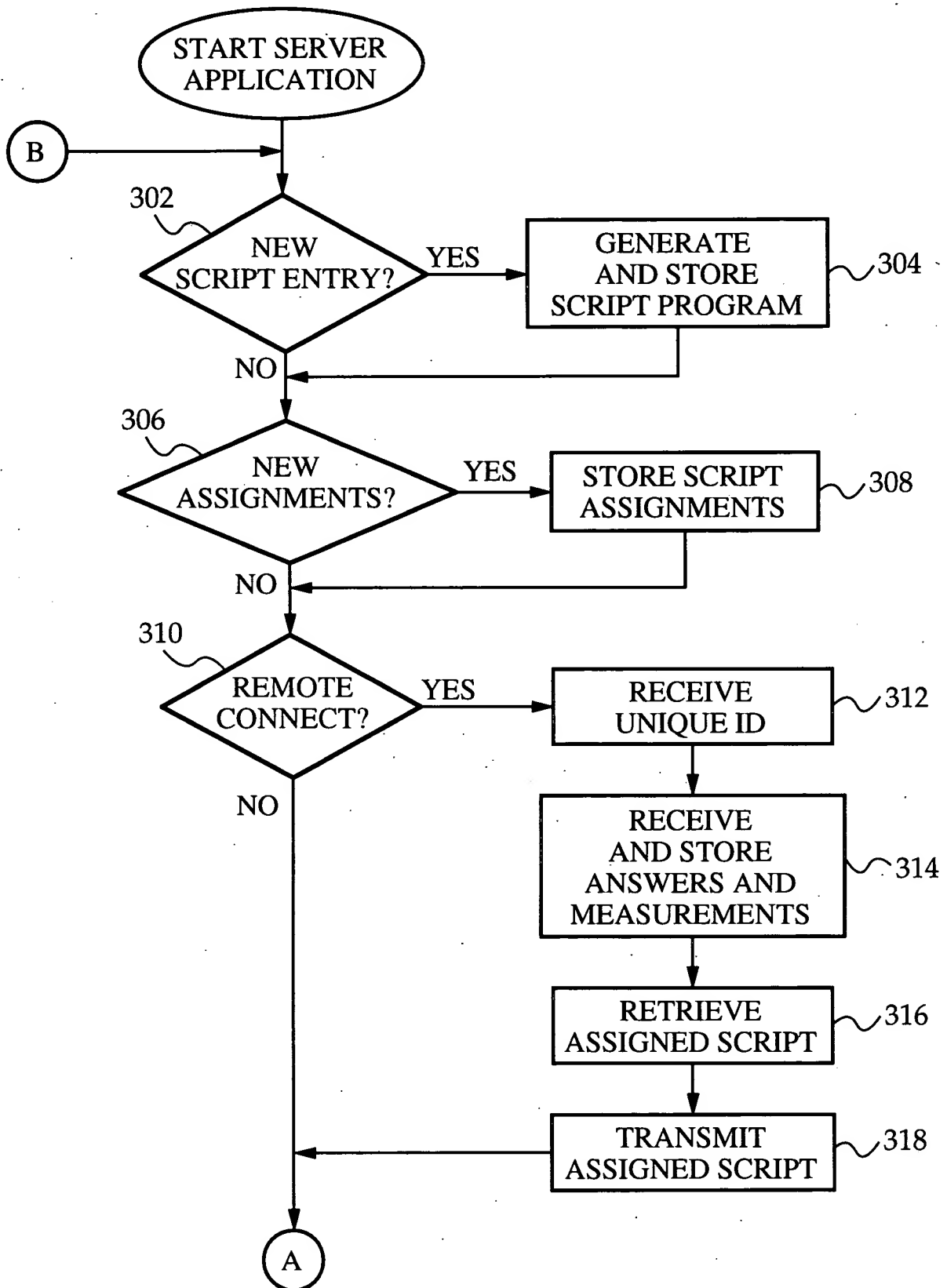
STATUS:

NON-COMPLIANT

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FIG. 13

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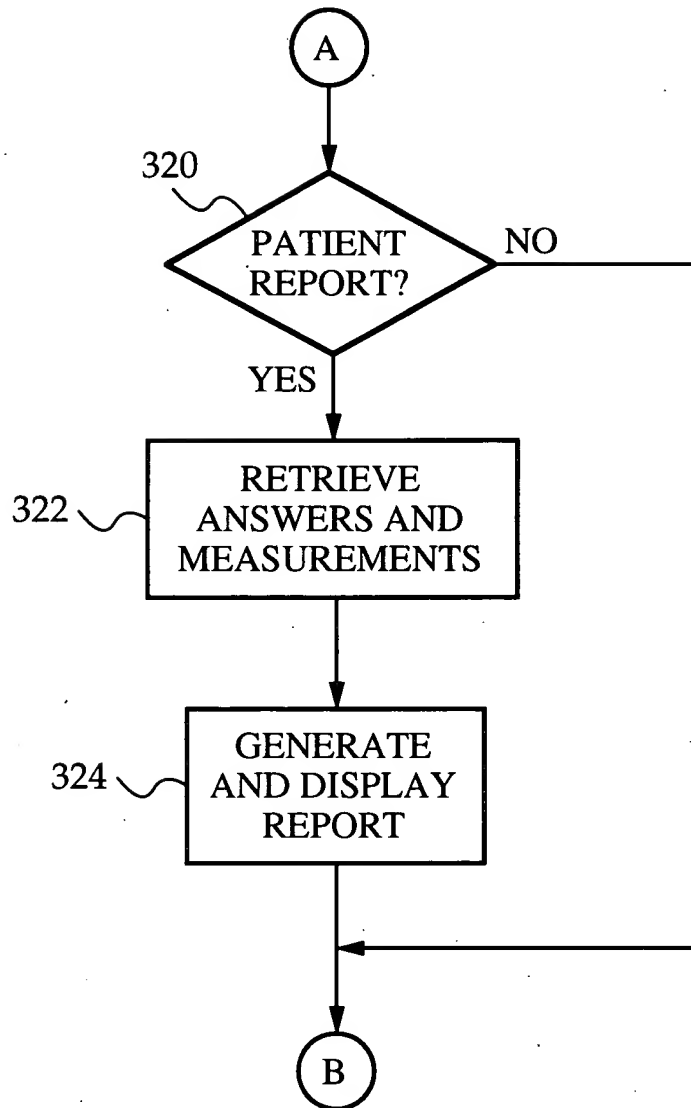


FIG. 14B

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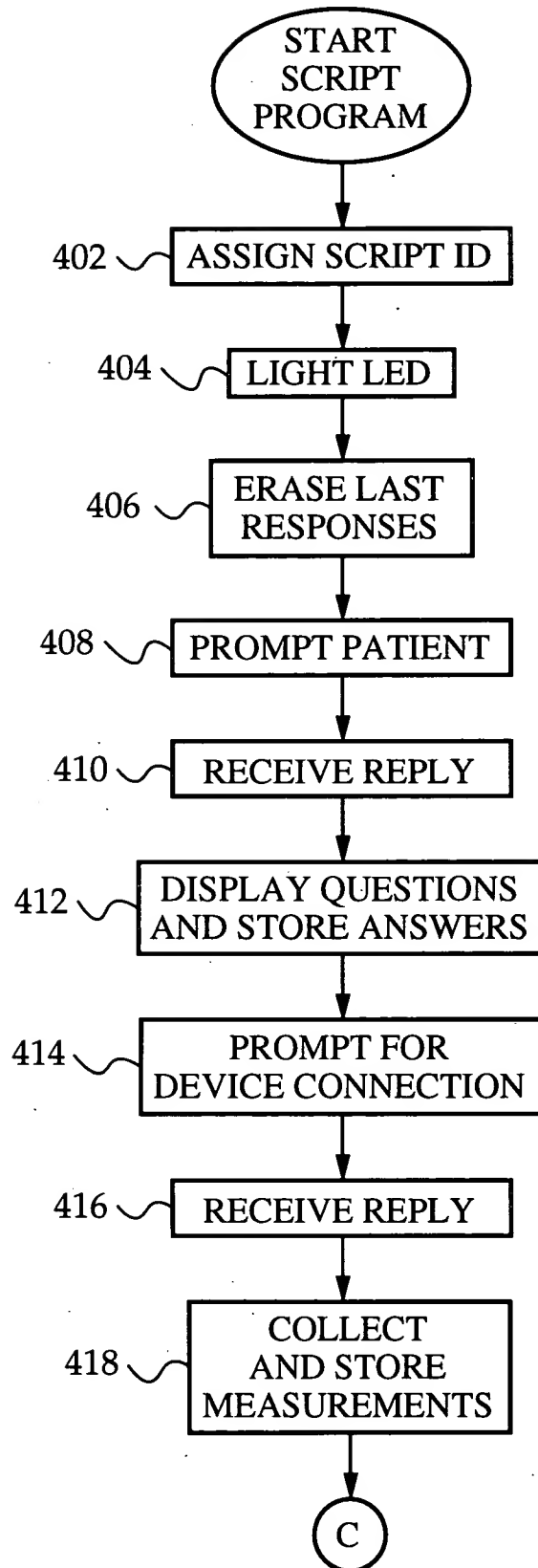


FIG. 15A

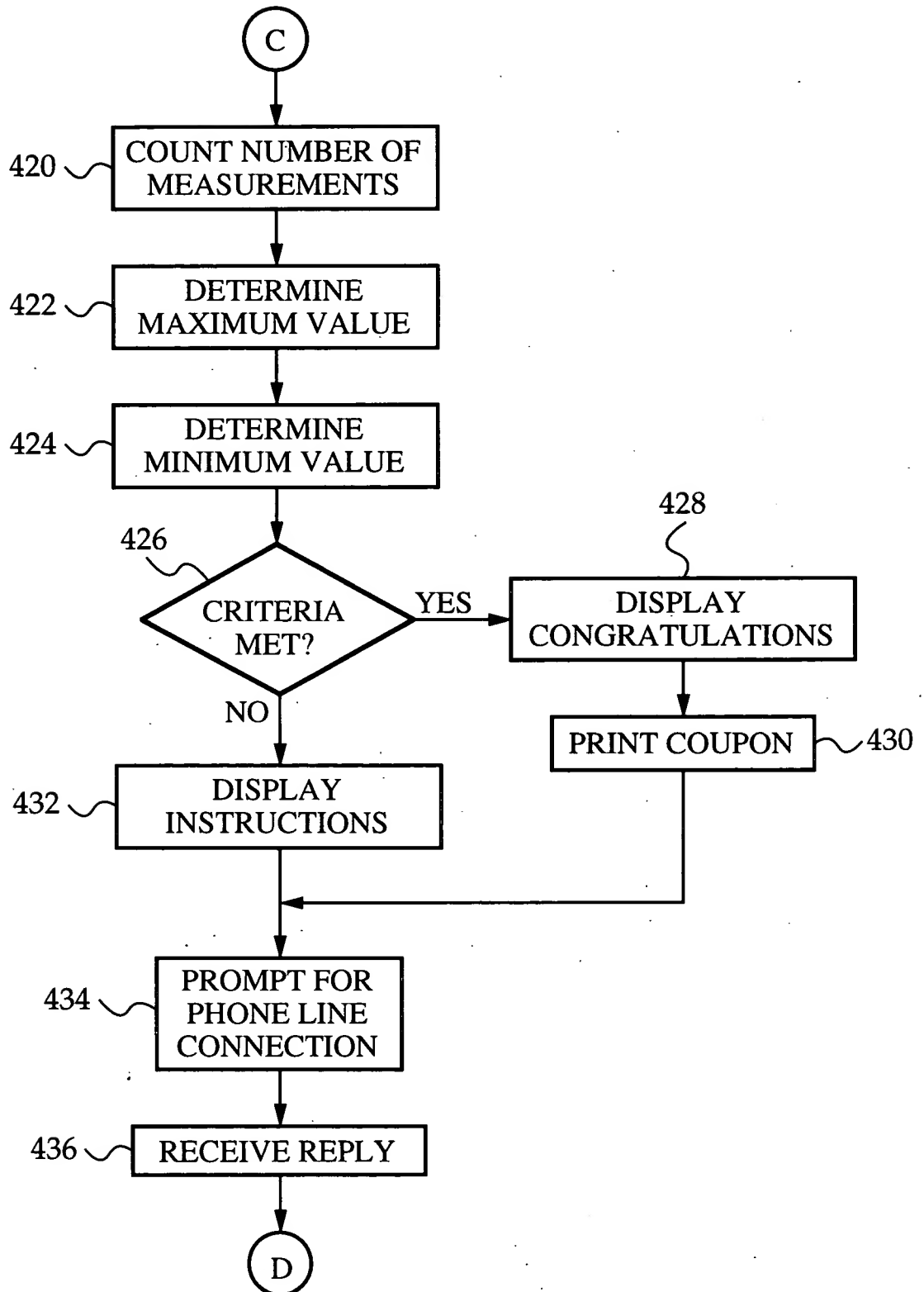


FIG. 15B

067543-119

FIG. 1
705 14

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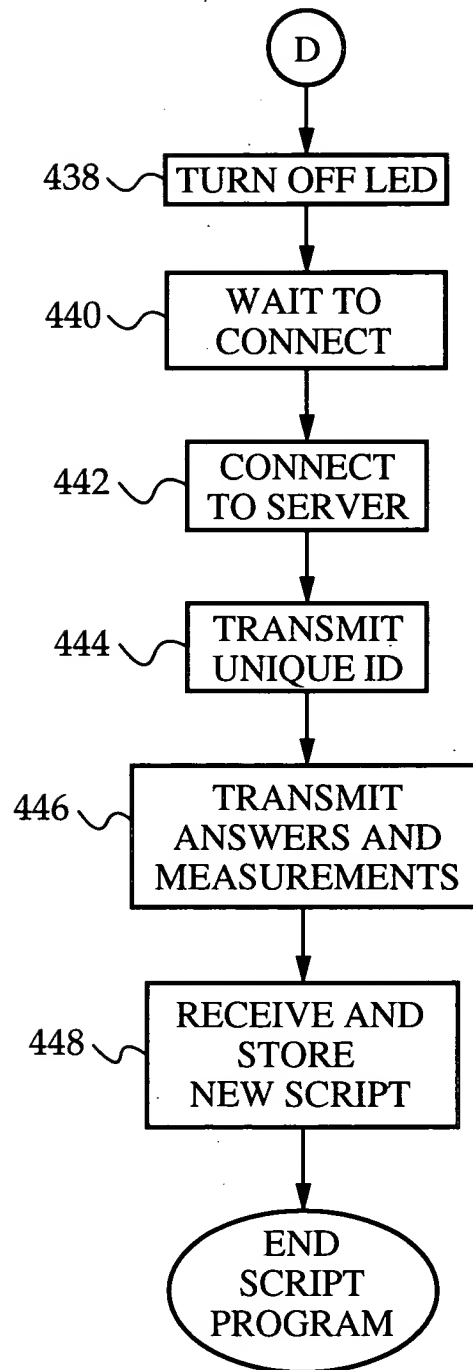


FIG. 15C

2025 RELEASE UNDER E.O. 14176

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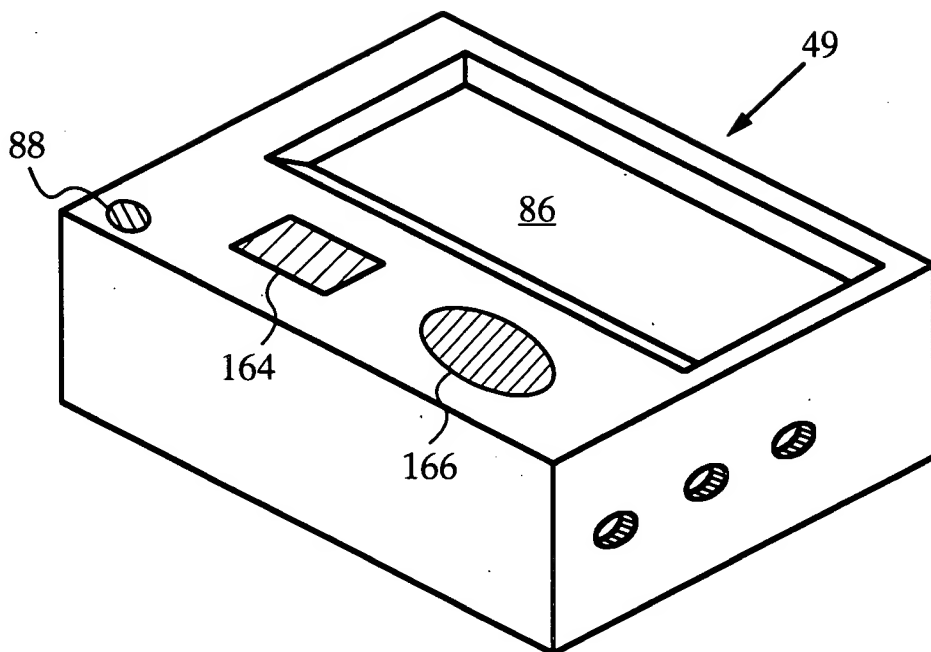


FIG. 16

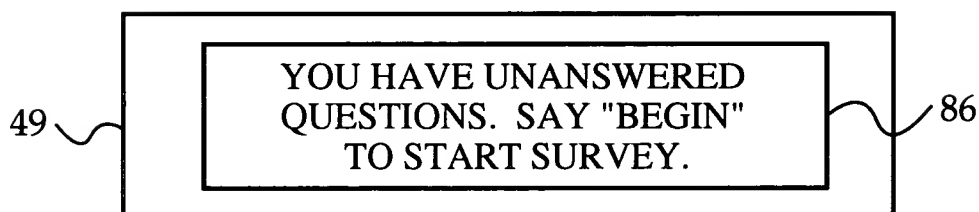


FIG. 17

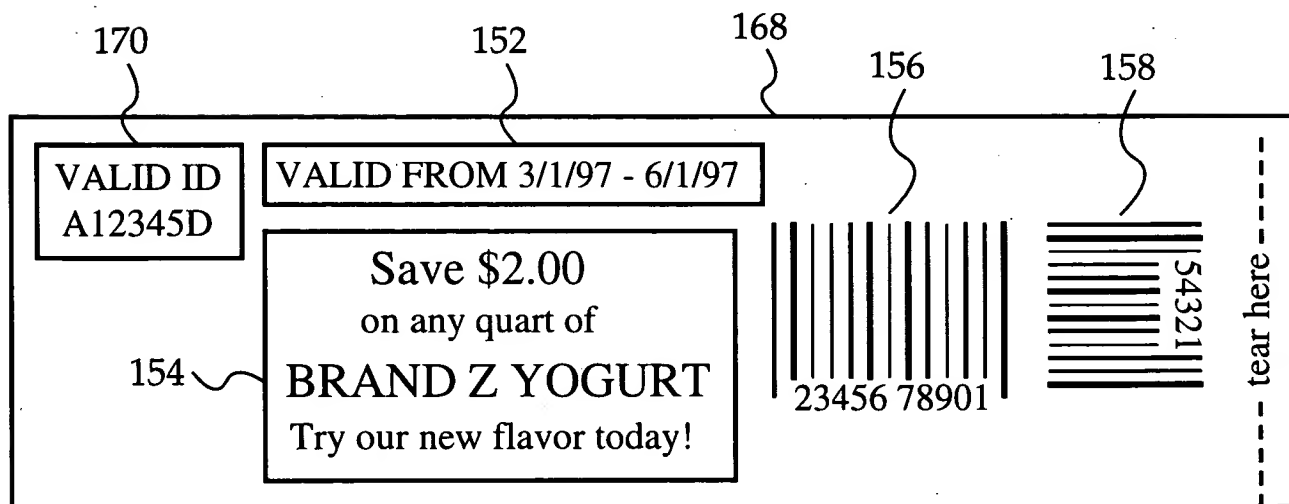


FIG. 18

03975243-113197

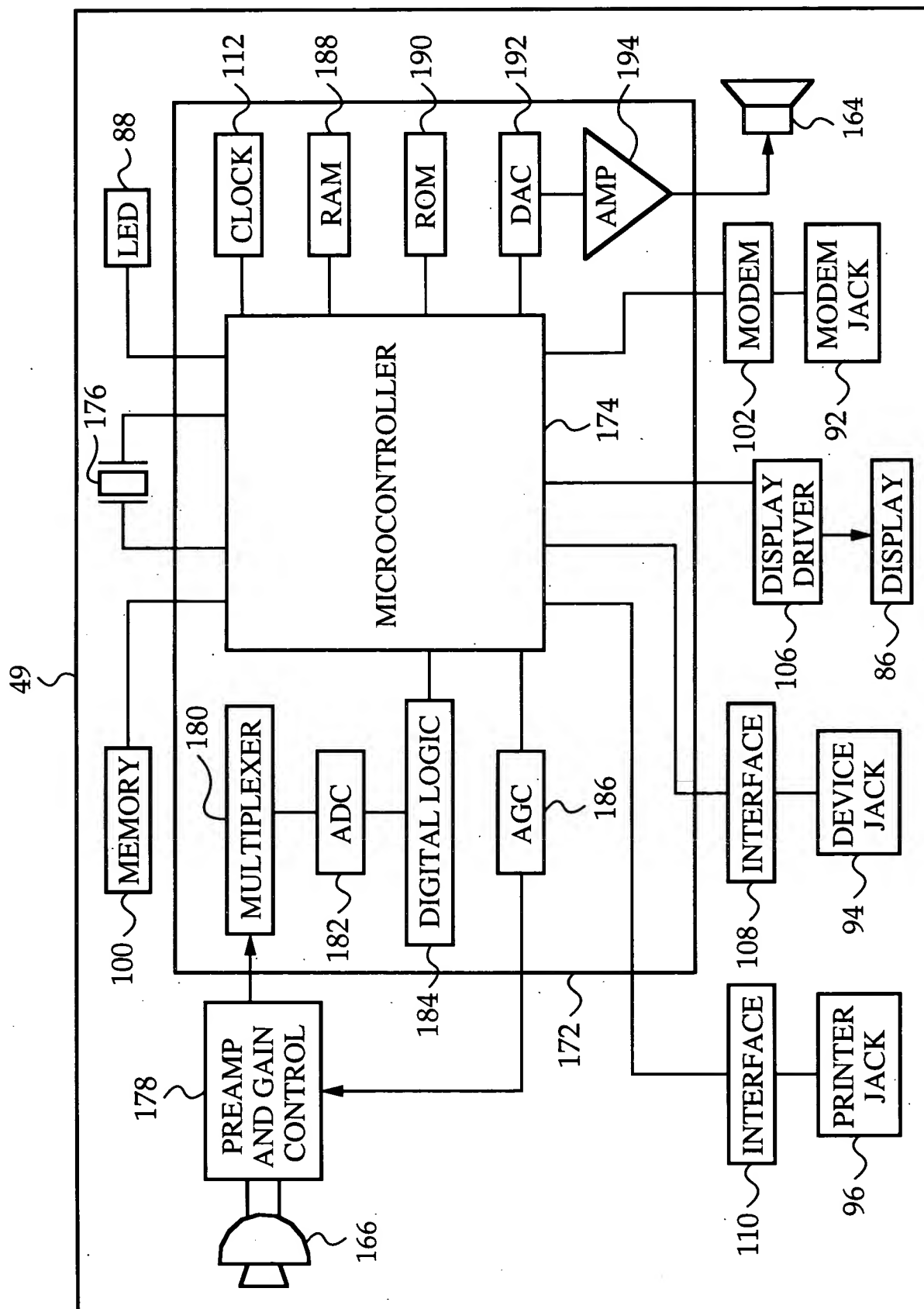


FIG. 19

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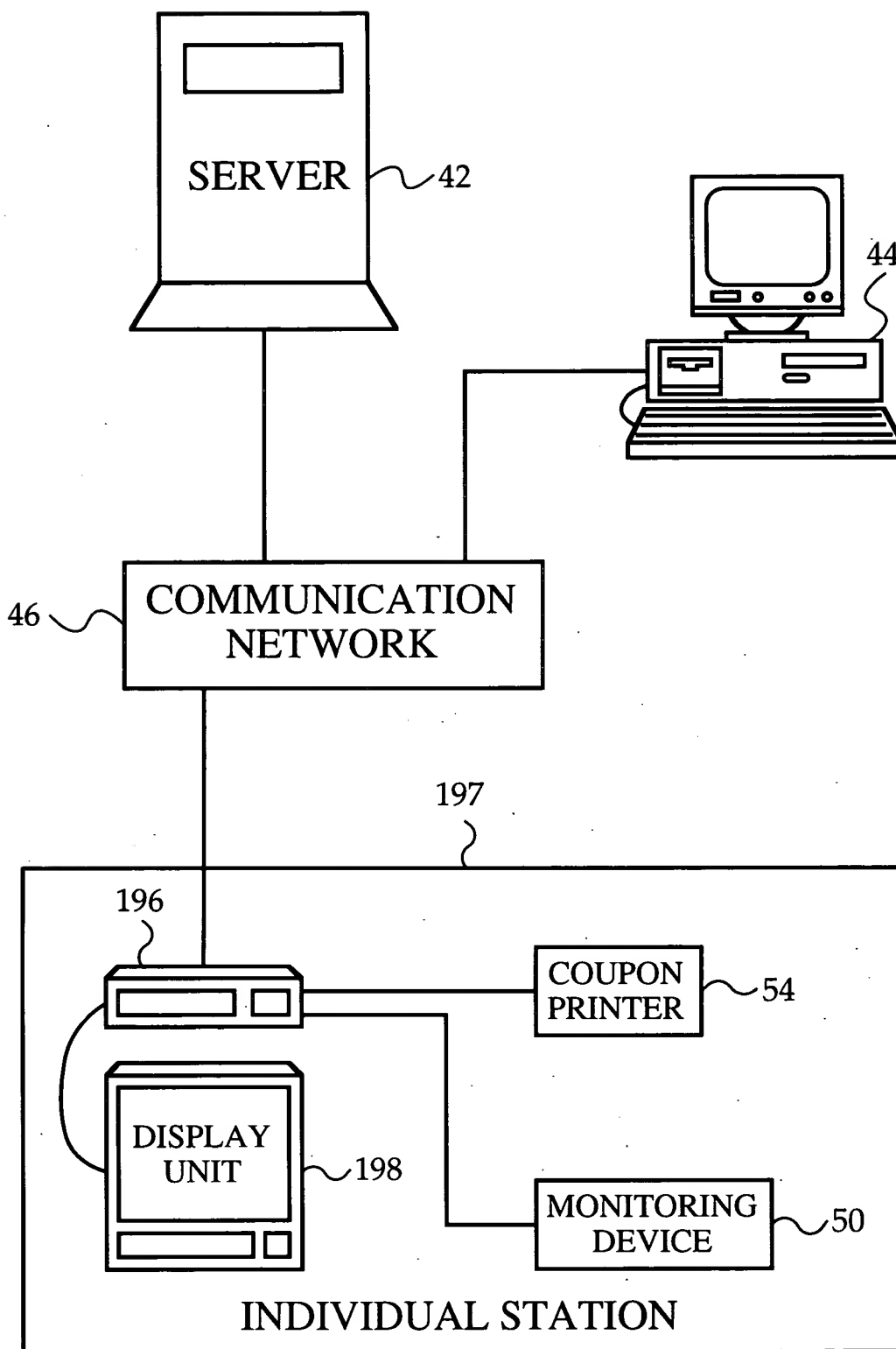


FIG. 20

097643-119

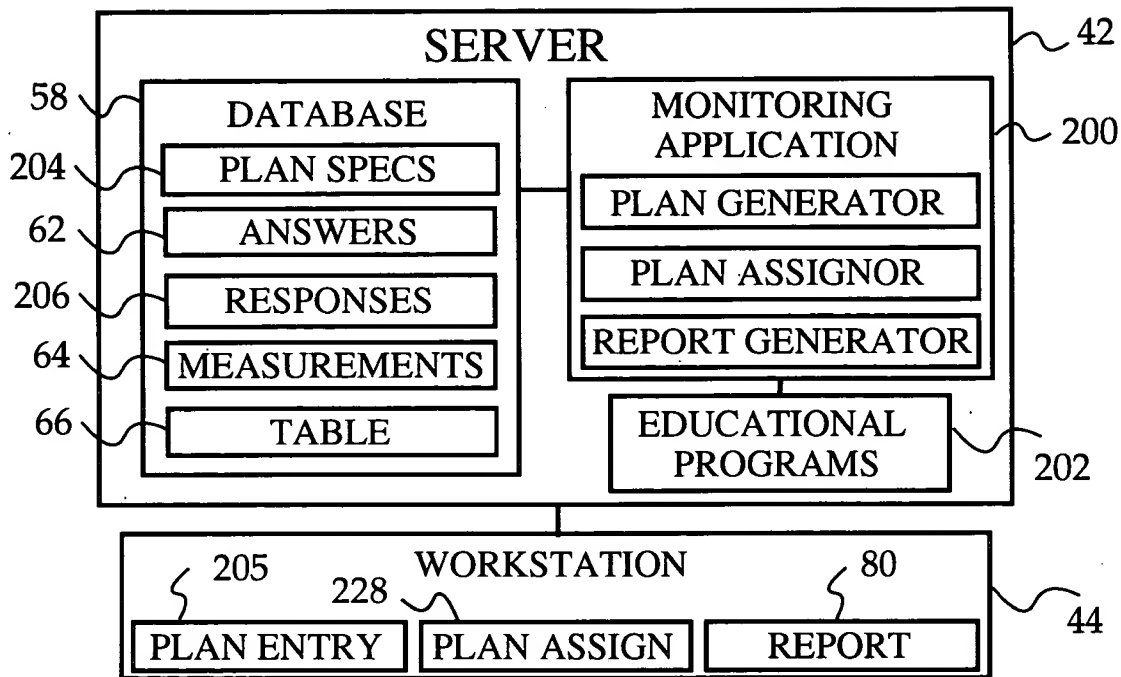


FIG. 21

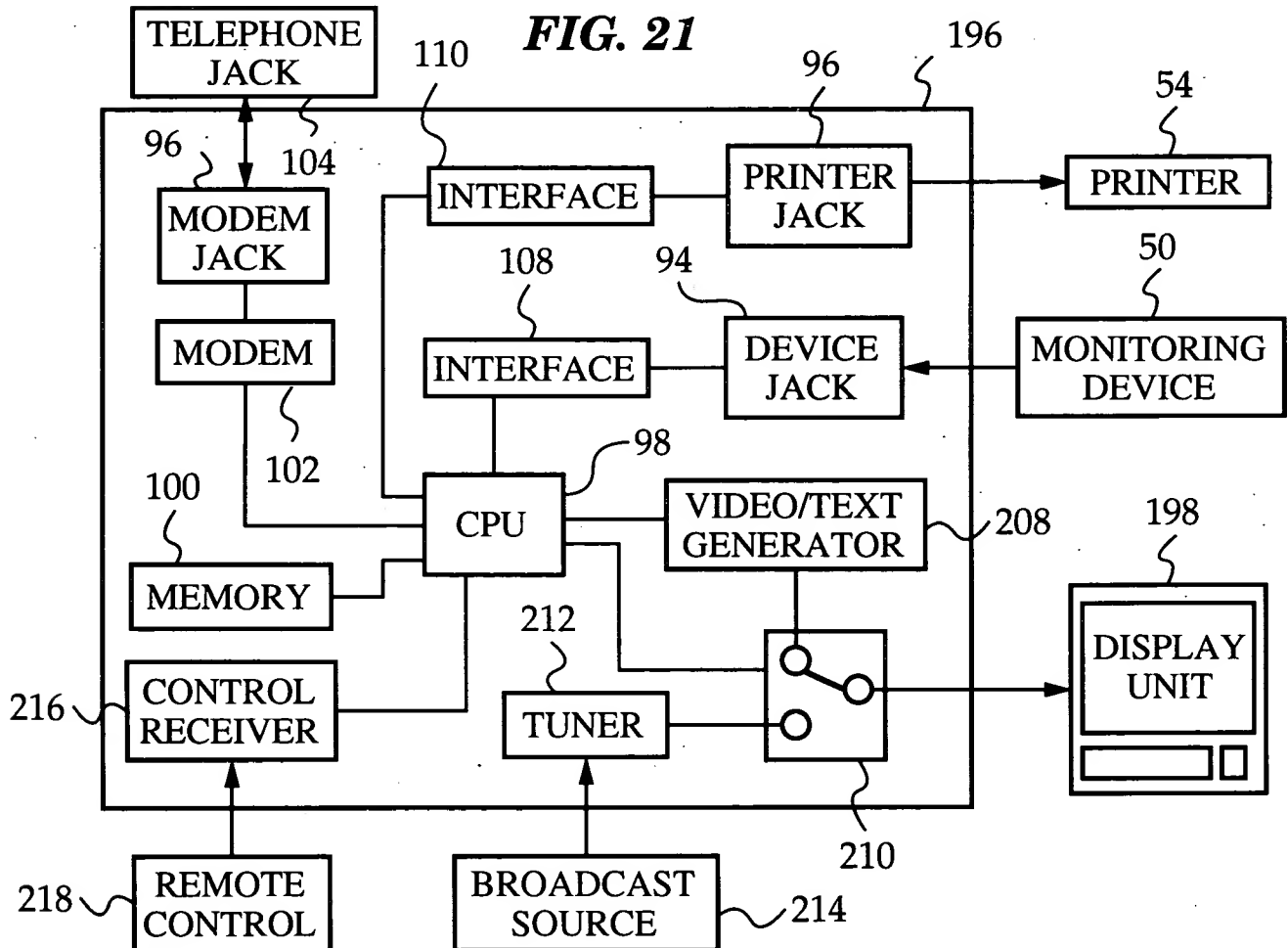


FIG. 22

469542680

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PLAN SPECIFICATION SCREEN

PLAN NAME:

DIABETES PLAN 2

116

COMPLIANCE QUESTIONS

118

QUESTION 1

QUESTION 2

QUESTION 3

QUESTION 4

QUESTION 5

MONITORING DEVICE TYPE

124

☒ GLUCOSE MONITOR☐ BP CUFF☐ PEAK FLOW METER☐ WEIGHT SCALESELECT EDUCATIONAL PROGRAM

222

☒ TRAVELING WITH DIABETES☐ TREATING YOUR ASTHMA☐ SUCCESS IN WEIGHT LOSSSELECT EVALUATION CRITERIA

126

☒ MINIMUM MEASUREMENT VALUE

60 MG/DL

128

☒ MAXIMUM MEASUREMENT VALUE

320 MG/DL

☒ NUMBER OF MEASUREMENTS

14

☒ MINIMUM QUESTION SCORE

COMPLETED

☒ MINIMUM PROGRAM SCORE

COMPLETED

SELECT COUPON TYPE

130

☒ SUGAR-FREE FROZEN YOGURT☐ SUGAR-FREE FRUIT BAR☐ SUGAR-FREE POPSICLE

OK

224

MONITORING INTERVAL:

7 DAYS

▽

134

CANCEL

226

FIG. 23

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PLAN ASSIGNMENT SCREEN

AVAILABLE PLANS:		PATIENTS:	
230	<input checked="" type="checkbox"/> <u>DIABETES PLAN 1</u>	232	<input checked="" type="checkbox"/> <u>DAN LINDSEY</u>
	<input type="checkbox"/> <u>DIABETES PLAN 2</u>		<input type="checkbox"/> <u>MARK SMITH</u>
	<input type="checkbox"/> <u>OBESITY PLAN 1</u>	236	<input type="checkbox"/> <u>DEAN JONES</u>
234	<input type="button" value="ADD PLAN"/>	<input type="button" value="ASSIGN PLAN"/>	<input type="button" value="DELETE PLAN"/> 238

FIG. 24

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COMPLIANCE QUESTIONNAIRE

1. HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN? PLEASE ENTER A NUMBER AS FOLLOWS:
1 = VERY BADLY, 2 = BADLY, 3 = WELL, 4 = VERY WELL 2
2. HOW MANY HYPOGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK? 1
3. HOW MANY HYPERGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK? 0
4. DID YOU TEST YOUR BLOOD SUGAR BEFORE BREAKFAST THIS MORNING? PLEASE ENTER A NUMBER AS FOLLOWS:
1 = YES, 2 = NO 1
5. DID YOU EXERCISE TODAY? PLEASE ENTER A NUMBER AS FOLLOWS: 1 = YES, 2 = NO 2

FIG. 25

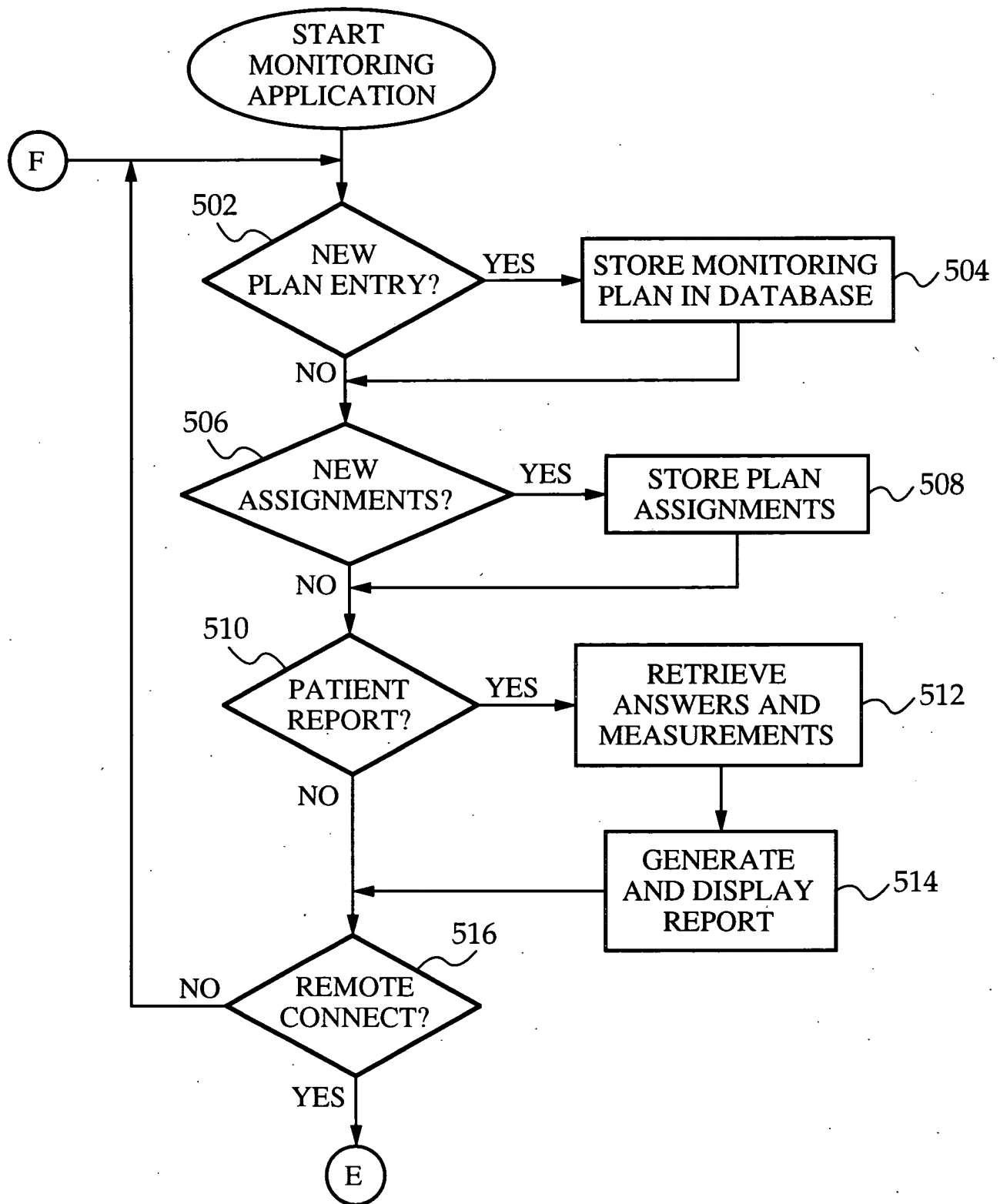
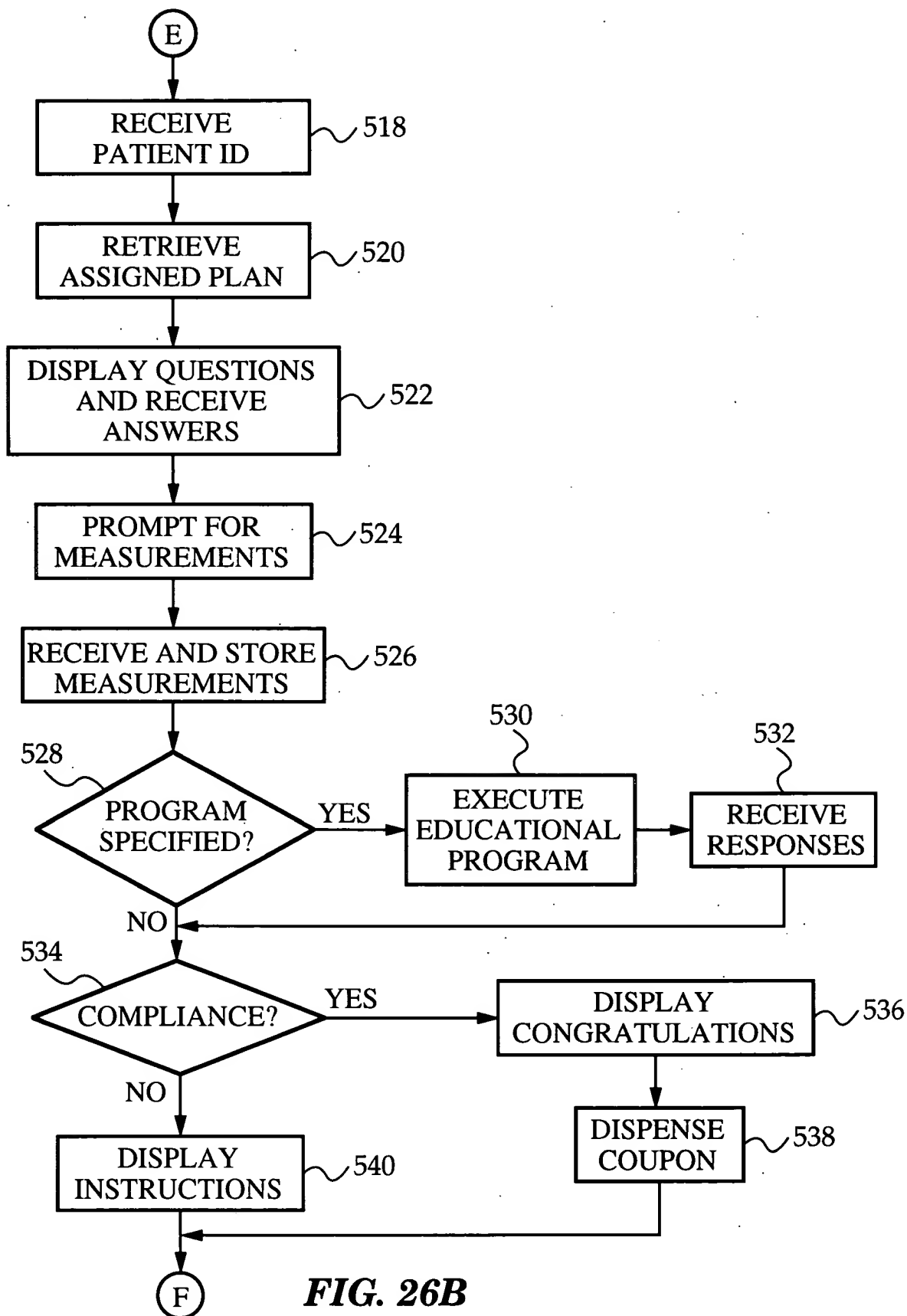


FIG. 26A



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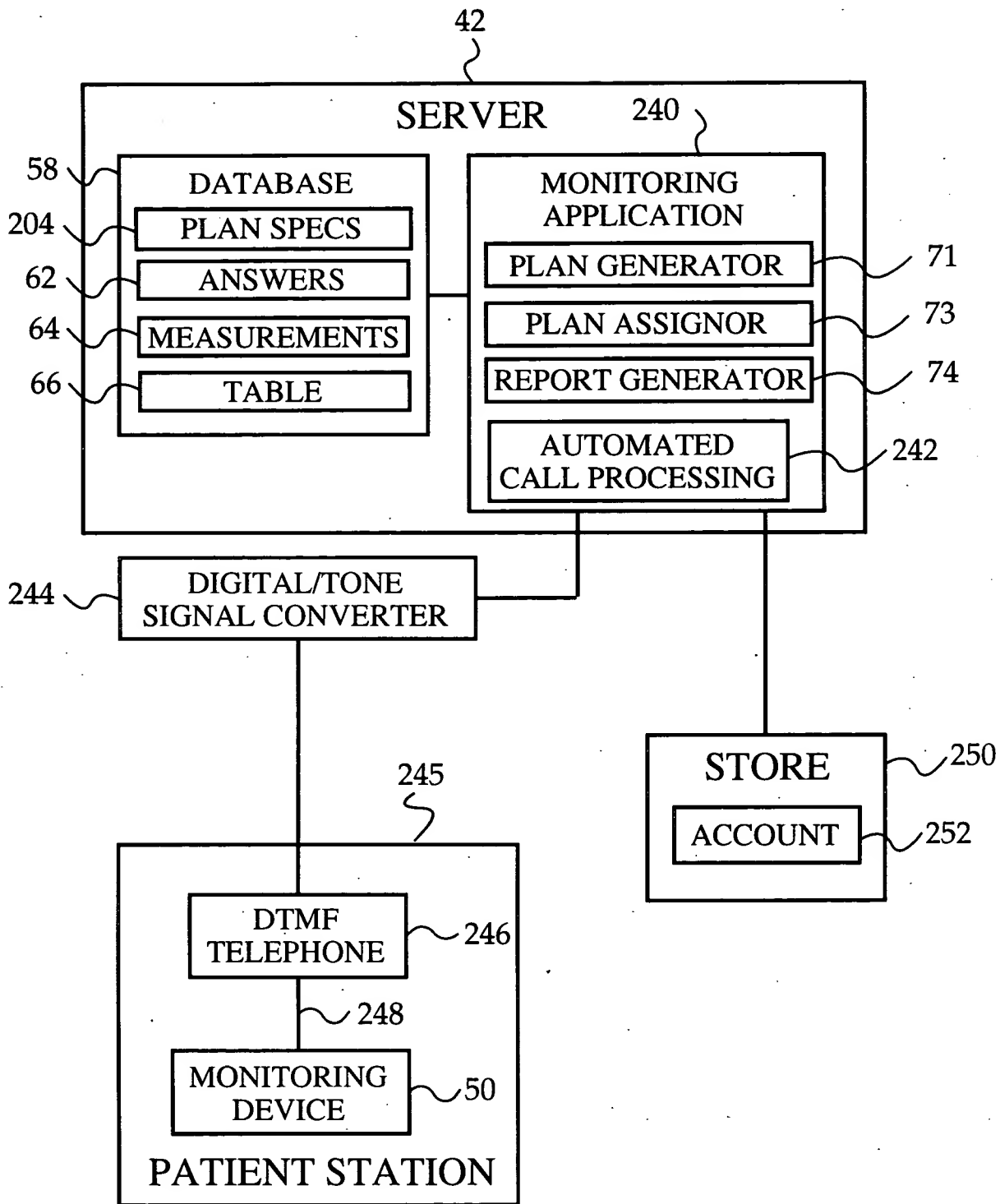


FIG. 27

PLAN SPECIFICATION SCREEN

PLAN NAME:

DIABETES PLAN 1

116

COMPLIANCE QUESTIONS

118

QUESTION 1

QUESTION 2

QUESTION 3

QUESTION 4

QUESTION 5

124

MONITORING DEVICE TYPE

☒ GLUCOSE MONITOR

☐ BP CUFF

☐ PEAK FLOW METER

☐ WEIGHT SCALE

SELECT EVALUATION CRITERIA

126

☒ MINIMUM MEASUREMENT VALUE

60 MG/DL

128

☒ MAXIMUM MEASUREMENT VALUE

320 MG/DL

☒ NUMBER OF MEASUREMENTS

14

☒ MINIMUM QUESTION SCORE

COMPLETED

SELECT REWARD ACCOUNT

254

☒ FIFTH STREET PHARMACY

☐ ALLEN'S DEPARTMENT STORE

☐ BOB'S SUPERMARKET

MONITORING INTERVAL:

7 DAYS



134

OK

224

CANCEL

224

FIG. 28

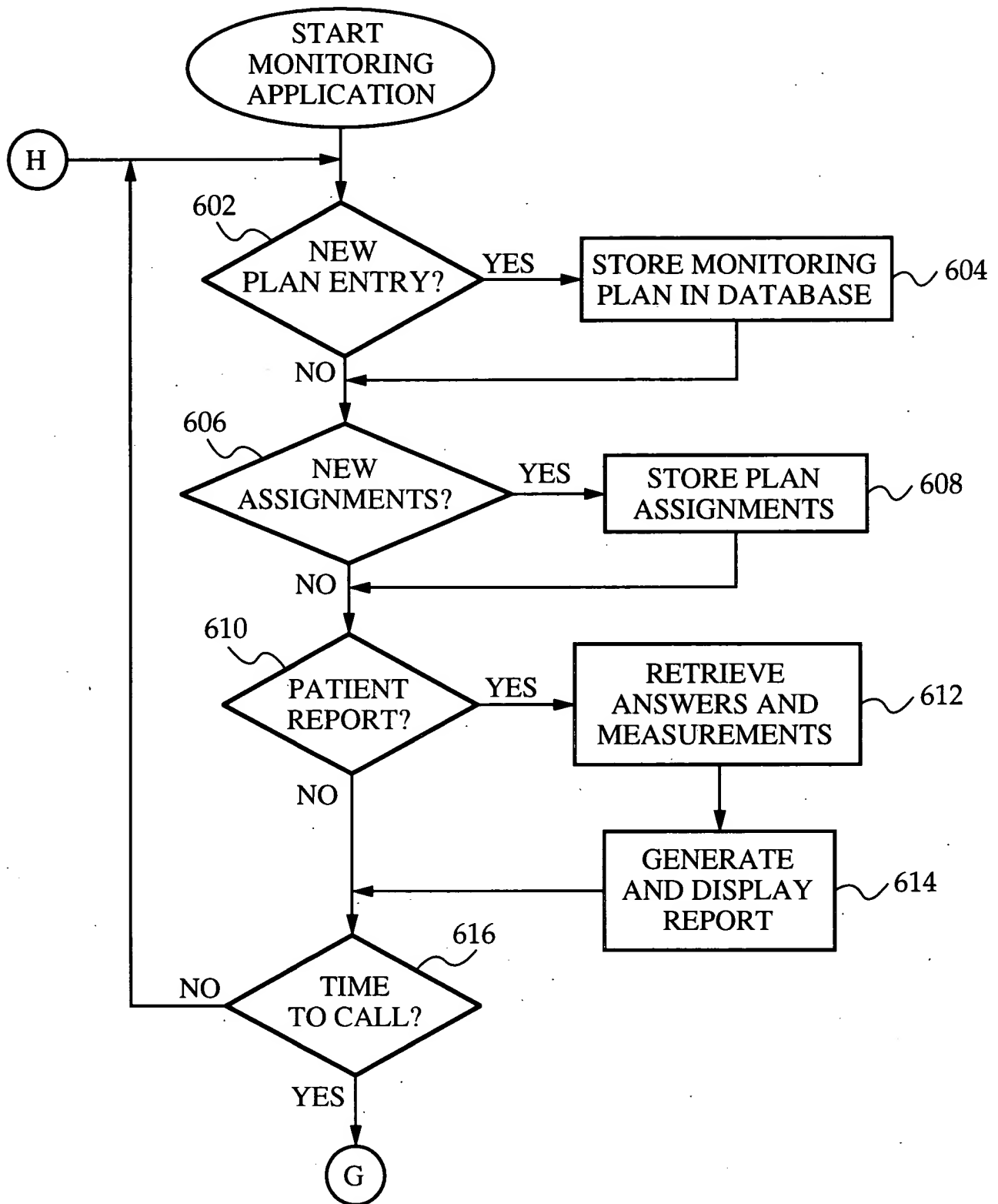


FIG. 29A

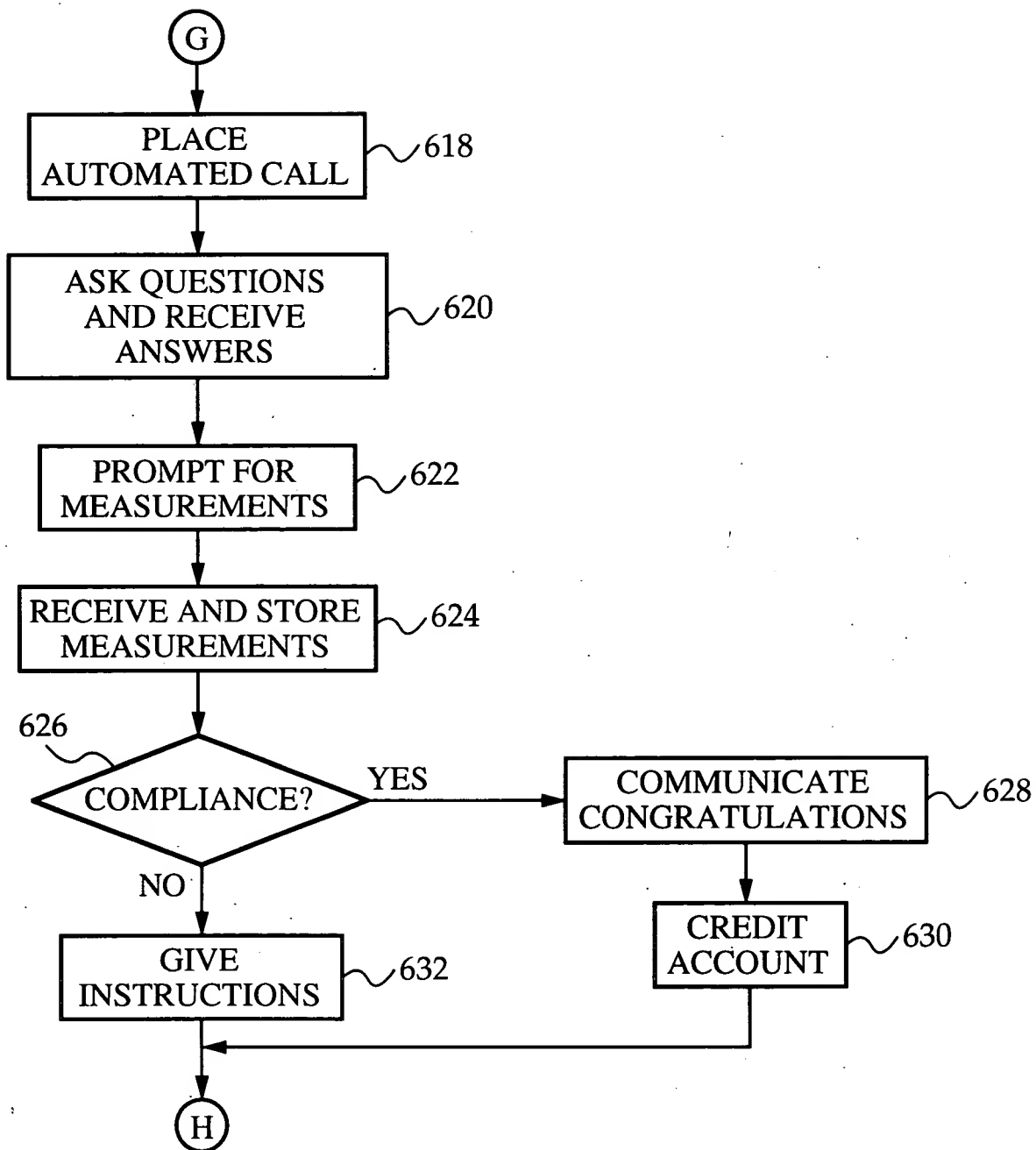


FIG. 29B

FIG. 1
705 14

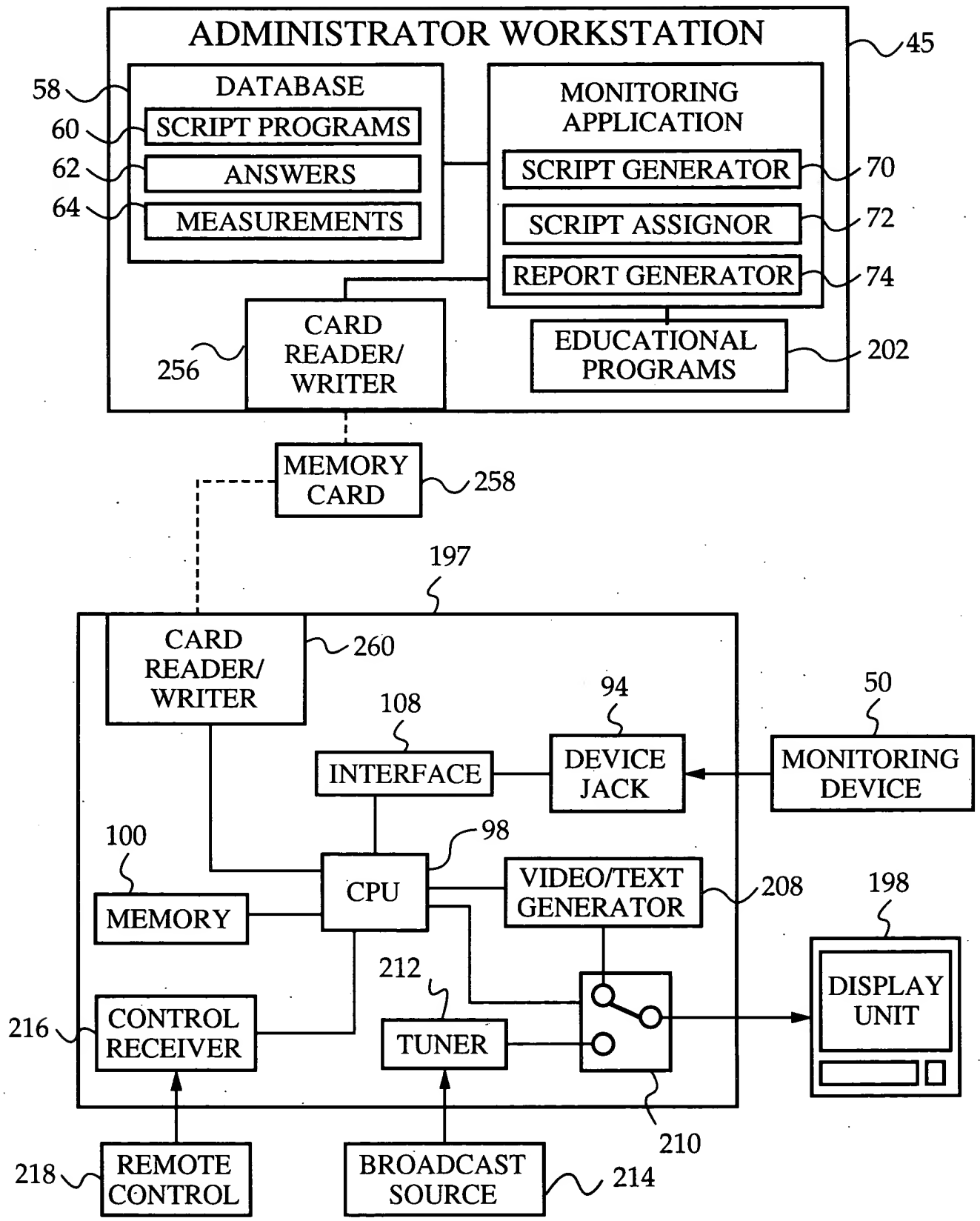


FIG. 30

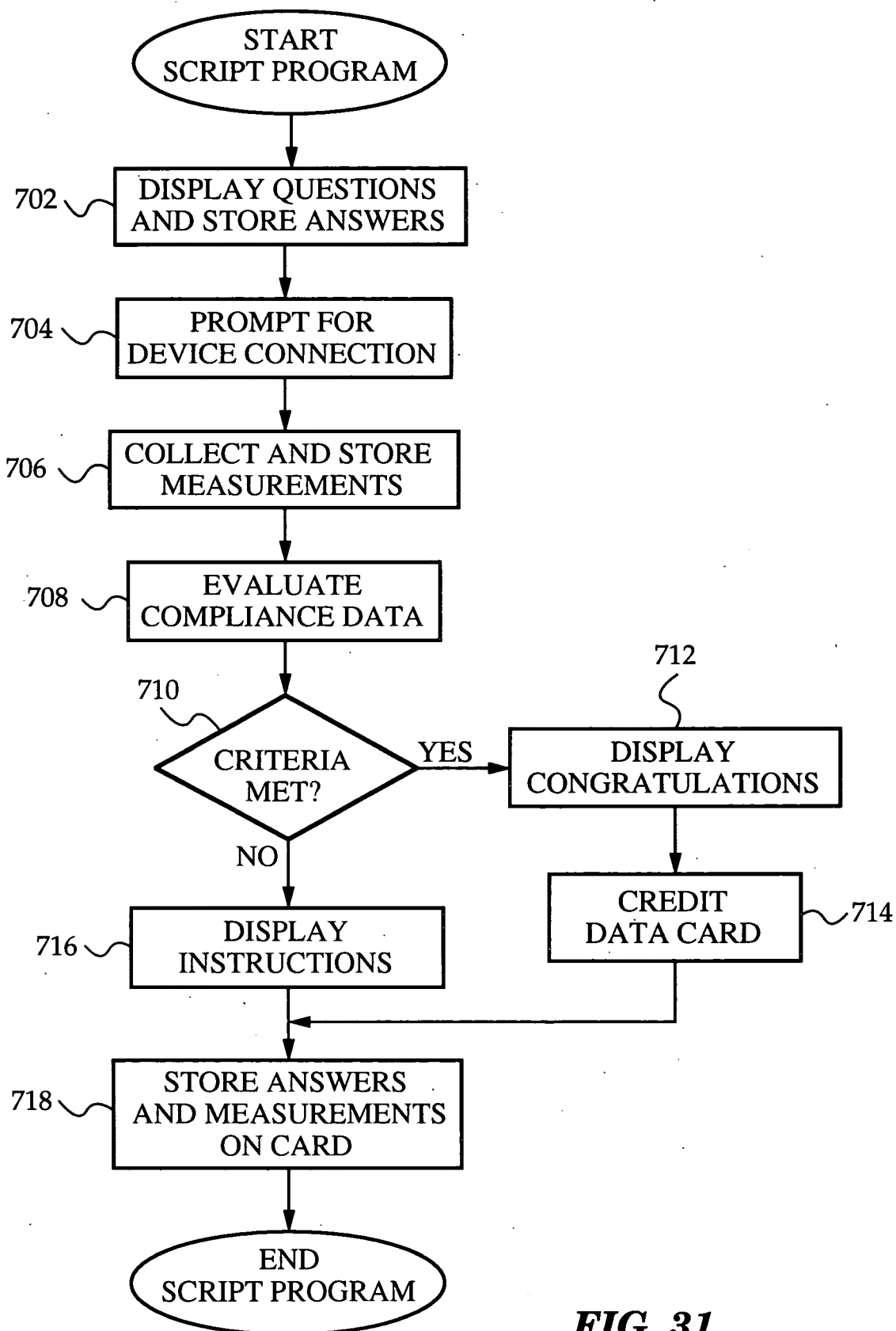


FIG. 31